Bezoar of the Transverse Colon

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SINCE THE BEGINNING of this century several hundred cases of bezoars of the stomach and small bowel have been reported, but none of a bezoar of the colon that was not associated with a tumor or obstructing foreign body, as it was in the instance here reported. A feature of the case is that the ball may well have been formed or aggravated by ingestion of a carboxymethylcellulose product as a laxative.

REPORT OF A CASE

A man 54 years of age was admitted to Mercy Hospital, San Diego, July 15, 1963, with history of constipation, abdominal pain and distention for 11 days. For four days during that period he had been in another hospital where emesis had occurred once or twice and he had had persistent abdominal pain with some tenderness of the left lower quadrant, but no distention, no fever and no leukocytosis. During the course of diagnostic studies there he left the hospital against advice.

For some years the patient had been taking daily doses of a common carboxymethylcellulose product to relieve constipation, and at onset of the symptoms described above he had increased the dose. Pain and tenderness had increased. Constipation continued and was not relieved by enemas. The night before admission to Mercy Hospital he had taken two and a half ounces of castor oil and had then passed some flatus but no stool.

The patient had had trouble through the years with diverticulosis of the descending colon, and at the time of examination in the previous hospital this had been suspected to be the source of the symptoms. He had also had chronic pulmonary fibrosis and emphysema, severe nervous instability, tremulousness, palpitation, addiction to tobacco and gradual nervous deterioration since an accident some years before. He had had subtotal thyroidectomy.

Noted on physical examination were limitation of respiratory excursion, increased antero-posterior diameter of the chest, moderate wheezing and the symptoms and signs of severe distress in general. The abdomen was rounded, tight, silent, tympanitic over the right, dull over the left, with no indication of collection of fluid. The rectum was empty.

Serum contents of various chemical factors (stated in milliequivalents per liter) were: Chlorides, 97 and 100; sodium, 133; potassium, 4.9 and 4.3; calcium, 8.9; and CO_2, 31. Blood urea nitrogen was 7.3 mg per 100 ml and hemoglobin 11.5 gm per 100 ml. Leukocytes numbered 9,550 per cu mm — 68 per cent polymorphonuclear cells, 29 per cent lymphocytes, 2 per cent eosinophils and 1 per cent basophils. Results of routine urinalysis were within normal limits.

Radiographic examination of the chest showed pulmonary fibrosis and a bleb at the right apex. Upright and recumbent abdominal radiographs showed pronounced gas distention of the cecum, ascending colon and proximal transverse colon. Much of the transverse colon appeared to be filled with fecal material to the splenic flexure. There was a small amount of gas in the descending colon and some gas in the small bowel. These conditions were interpreted as suggesting an obstructive lesion in the left side of the colon, possibly in the area of the splenic flexure.

Laparotomy was carried out. An excess of fluid was noted and there was dilatation and some redness of the small bowel. The proximal colon was greatly distended and there was a kink at the splenic flexure. A mass resembling feces but with a more "rubbery" feeling was felt in the transverse colon. Upon colotomy a green, gelatinous, plastic mass was found which adhered firmly to the mucosa and tended to break up on handling. When it was removed, gas passed through the colon and the rectal tube in situ.

The pathologist reported a "lobulated, brownish-green mass of vegetable fiber and fecal material weighing 286 grams and measuring 15 x 10 x 7 cm. Diagnosis: phytobezoar."

Unfortunately the specimen was discarded without study of the exact nature of the material but the history and the gross character of the bezoar suggests that carboxymethylcellulose may have been, if not the ultimate cause, at least an aggravant as a matrix for the other coarser material.

The patient recovered uneventfully and when last observed two months after operation, was free of obstructive symptoms.

SUMMARY

An apparently unique case of bezoar in the transverse colon, probably at least aggravated by carboxymethylcellulose ingestion, is reported.

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